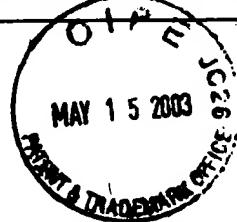


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## PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket Number (Optional)  
015270-005911US

In re Application of Dale B. Schenk

Application Number 09/724,567 Filed November 28, 2000

For PREVENTION AND TREATMENT OF AMYLOIDOGENIC  
DISEASEGroup Art Unit  
1647 Examiner  
Christopher Nichols

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows  
(check time period desired):

- |                                                                                                                                       |                                        |
|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))                                                                                | \$                                     |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))                                                                               | \$                                     |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))                                                                  | \$930                                  |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))                                                                              | \$                                     |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))                                                                              | \$                                     |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27<br>above is reduced by one-half, and the resulting fee | Fee amount shown                       |
| <input type="checkbox"/> A check in the amount of the fees enclosed.                                                                  |                                        |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is                                                                     |                                        |
| <input type="checkbox"/> The Commissioner has already been a                                                                          | charge fees in this                    |
| application to a Deposit Account.                                                                                                     |                                        |
| <input checked="" type="checkbox"/> The Commissioner is hereby a                                                                      | charge any fees which may be required, |
| or credit any overpayment to my Account Number 20-1430.                                                                               |                                        |

I have enclosed a durable power of attorney on this sheet.

I am the  applicant/inventor.

- |                                                                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> assignee of the entire interest. See 37 CFR 3.71<br>Statement. Form PTO-2038 (37 CFR 3.73(b)) is enclosed. (Form PTO/SB/96). |
| <input checked="" type="checkbox"/> attorney or agent of record.                                                                                      |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34(a).                                                                                      |

Registration number if acting under 37 CFR 1.34(a). \_\_\_\_\_

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

May 14, 2003

Date

Signature

Anina D. Murphy, Reg. No. 51,049

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

- |                                                                     |
|---------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Total of 1 forms are submitted. |
|---------------------------------------------------------------------|

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.  
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